## JC12 Rec'd PCT/PTC 22 APR 2005

through,10/31/2002. OMB 0651-0031

Approved for U.S. Patent and Trademark Of are required to respond to a collection of information S. DEPARTMENT OF COMMERCE ess it contains a valid OMB control Under the Paperwork Reduction Act of 1995, no pe

number.						
$\overline{}$	Substitute for f	form 1449B	PTO	Complete if Knewn /5 30 1, 07		
* <u>\</u>	INFORMATION DISCLOSURE			Int. Application Number	PCT/IL03/00862	
-	STATEMENT	BY APPLI	CANT	Int. Appl. Filing Date	10/23/2003	
				First Named Inventor	Adel PENHASI	
1				Group Art Unit	Unassigned	
·	(use as many she	eets as ne	cessary)	Examiner Name	Unassigned	
Sheet	1	of	1	Attorney Docket Number	030231-0158	

				U.S. PATENT DOCUMENTS	·	
Examiner Initials*	Cite No.1	U.S. Patent Document			Date of Publication of	Pages, Columns, Lines, Where Relevant
		Number	Kind Code <sup>2</sup> (if known)	Name of Patentee or Applicant of Cited Document	Cited Document MM-DD-YYYY	Passages or Relevant Figures Appear
	A1	6,274,171	B1	SHERMAN et al.	08-14-2001	
	A2	2001/048943	A1	VERGEZ et al.	12-06-2001	
			-			

Examiner	Cite Foreign Patent Document				Name of Patentee or	Date of Publication of Cited Document	Pages, Columns, Lines, Where Relevant	
Initials*	No. <sup>1</sup>	Office	3 Number <sup>4</sup>	Kind Code <sup>5</sup> (if known)	Applicant of Cited Documents	MM-DD-YYYY	Passages or Relevant Figures Appear	T
	<u></u>	wo	93/955475		TER TOVARNA	07-10-2003		1
					TARRIMOETTORM		No copy	╄
							provided	
								T
								+
								L
								T
								╀
								Γ
								┺

Examiner Signature	/Nissa Westerberg/	Date Considered	05/27/2008

EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

1 Unique citation designation number. 2See attached Kinds of U.S. Patent Documents. 2Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3. For Japanese patient documents, the indicated on the year of the reign of the Emperor must precede the serial number of the patient document.

\*Kind of document by the appropriate symbols as indicated on the document under WiPO Standard ST. 16 if possible. \*Applicant is to place a check mark here if English language Translation is attached.

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Cheff information Office. U.S. Patient and Trademark Office, P.O. Box 1450, Alexandria, V.A. 22313-1450. D.O.NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450. ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /N.M.W./